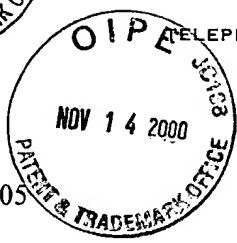
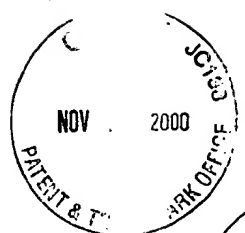


11.15-00

Receipt

#5



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November 14, 2000

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WRITER'S DIRECT NUMBER:
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Commissioner for Patents
Washington, D.C. 20231

ATTENTION: Office Of Initial Patent Examination's Customer Service Center

Re: U.S. Patent Application No. 09/607,649
Filed: June 30, 2000
Entitled: ALL-LAG SPREAD SPECTRUM CORRELATOR

Dear Sir:

Please issue a corrected filing receipt in connection with the subject application. The correct filing date is **June 30, 2000**, instead of July 13, 2000. A copy of the post card receipt with the PTO date stamp is enclosed.

We look forward to receiving the corrected filing receipt in due course.

Very truly yours,

Kathie J. Kopczyk

Kathie J. Kopczyk
Patent and Trademark Assistant

Enclosure

cc: David B. Cochran, Esq. (w/o encl.)

I hereby certify that this correspondence
is being deposited today with the United
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Pat/TM No. _____
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The Patent and Trademark Office acknowledges,
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- ☐ Affidavit
- ☐ Amendment
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- ☐ Declaration
- ☐ IDS & PTO-1449
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1c051 U.S. PTO

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Bib Data Sheet

SERIAL NUMBER 09/607,649	FILING DATE 07/13/2000 RULE —	CLASS 375	GROUP ART UNIT 2734	ATTORNEY DOCKET NO. 609920600005
APPLICANTS Chin Long Cheng, Hong Kong, HONG KONG; Tung Sang Ng, Pokfulam, HONG KONG; Kun Wah Yip, Pin Shek Estate, HONG KONG;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/141,777 06/30/1999				
** FOREIGN APPLICATIONS ***** <div style="text-align: center;">** SMALL ENTITY **</div>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY HONG KONG	SHEETS DRAWING 5	TOTAL CLAIMS 19
				INDEPENDENT CLAIMS 4
ADDRESS — David B Cochran North Point 901 Lakeside Avenue Cleveland, OH 44114				
TITLE All-lag spread-spectrum correlator				
FILING FEE RECEIVED 460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	